

647.9711/B 100355

Work Order ID 100355

April-22-13 1:02:27 PM

100355

Page 1

Item ID: 647.9711

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Upper Body

Start Date: 5/01/13 Start Qty: 95.00

95

Cust Item ID:

Required Date: 5/01/13 Req'd Qty: 95.00

95

Customer:

Reference:

Run Start

NR1

Approvals: Process Plan: MJS

Date: 3-04-23

Tooling:

Date:

Stop

NR2

QC:

Date:

SPC (Y/N):

Date:

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

Draw Nbr

Revision Nbr

647.9700

N/A

0.00

100

100

BAND SAW

0.00

Bandsaw

Memo

Jeaspa Bandsaw

Cut Blank at 7.425"

0.00

110

110

HAAS CNC VERTICAL MACHINING #1

0.00

HAAS 1

Memo

HAAS CNC vertical machine #1

1-Machine per folio FB183

DWG REV: MKA

FOLIO REV: AA

2- deburr and break all sharp edges

DAS
02
9-89

25-13-05-21

DAS
08
9-89

95

13/06/12
13/06/13

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 100355

100355

Page 2

April-22-13 1:02:27 PM

Item ID: 647.9711

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Upper Body

Start Date: 5/01/13 Start Qty: 95.00 *95*

Cust Item ID:

Required Date: 5/01/13 Req'd Qty: 95.00 *95*

Customer:

Reference:

Run Start *NR1*

Approvals: Process Plan: Date:

Tooling: Date:

Stop *NR2*

QC: Date:

SPC (Y/N): Date:

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Memo

0.00

Quality Control

LA 13/06/12

95

DAS
08
9-88

130

QC8- Inspect parts - second check

0.00

130

QC

Memo

0.00

Quality Control

13-6-19

131

0.00

131

HandFinish

Memo

0.00

Hand Finishing

Clean & remove all part markings (acid etch only)

95 13-7-12

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 100355

April-22-13 1:02:27 PM

100355

Page 3

Item ID: 647.9711

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Upper Body

Start Date: 5/01/13 Start Qty: 95.00

95

Cust Item ID:

Required Date: 5/01/13 Req'd Qty: 95.00

95

Customer:

Reference:

Run Start ***NR1***

Approvals: Process Plan:

Date:

Tooling:

Date:

Stop ***NR2***

QC:

Date:

SPC (Y/N):

Date:

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

140

Outsource4

Memo

0.00

Outsource process - Anodize

Issue P/O: 120560
Black Anodize as per Dwg 647.9700

CL 1.3/0.2/1.2 95

150

Receive & Inspect for Damage & Mat'l Certs

0.00

150

Packaging

Memo

0.00

Packaging

95x SP 13-8-14

155

QC5- Inspect part completeness to step on W/O

0.00

155

QC

Memo

0.00

Quality Control

B. 8/15

*95
cant*

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 100355

April-22-13 1:02:27 PM

100355

Page 4

Item ID: 647.9711

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Upper Body

Start Date: 5/01/13 Start Qty: 95.00

95

Cust Item ID:

Required Date: 5/01/13 Req'd Qty: 95.00

95

Customer:

Reference:

Run Start ***NR1***

Approvals: Process Plan: _____ Date: _____

Tooling:

Date: _____

Stop ***NR2***

QC: _____ Date: _____

SPC (Y/N):

Date: _____

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID Tool # Plan Accept Reject Reject Insp.
Code Qty Qty Number Stamp

160

Spray Painting per QSI005 4.2

0.00

160

SprayPaint

Memo

0.00

Spray Painting

PRIME AS PER DWG, SEE NOTE #2

PRIMER BATCH: m/25452

170

QC14- Inspect Spray Paint

0.00

170

QC

Memo

0.00

Quality Control

180

Identify as per dwg & Stock Location: MF

0.00

180

Packaging

Memo

0.00

Packaging

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

C2 13/07/12-95

95x

SD
13-8-15

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabelled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 100355

100355

Page 5

April-22-13 1:02:27 PM

Item ID: 647.9711

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Upper Body

Start Date: 5/01/13 Start Qty: 95.00

95

Cust Item ID:

Required Date: 5/01/13 Req'd Qty: 95.00

95

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

QC21- Final Inspection - Work Order Release

0.00

190

QC

Memo

0.00

Quality Control

MCS 1308-11

MCS 1308-15

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabelled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Picklist Print

April-22-13 1:02:27 PM

Page 1

Work Order ID: 100355
 Parent Item: 647.9711
 Parent Item Name: Upper Body

Start Date: 5/01/13 Required Date: 5/01/13
 Start Qty: 95.00 Required Qty: 95.00

Comments: IPP REV:A NEW ISSUE JFS 13/04/10 VERIFY BY: JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

M7075T6B5.000X1.000
 7075-T6 BAR 5.000" X 1.000"

Purchased No

100 f 48.1600 0.619

41.875

DA 02 13-05-21
 2-89

Location Loc Qty Loc Code

MAT008 48.16
 125341 48.16

Y67

41.875

125554 x 28

x 17.5

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

APICAL

INDUSTRIES, INC.

ENGINEERING CHANGE NOTICE NO.

03859

SHEET 1 OF 4

DWG NO. 647.9700

REV: N/C

PREPARED BY

B. PETERS

DATE: 04/11/13

EFFECT ON DWG

☒ INC.

☐ UNINC.

DWG TITLE: CUTTER SUB ASSYS

APPROVED BY:

ENGR

MFG

QC

EFF.

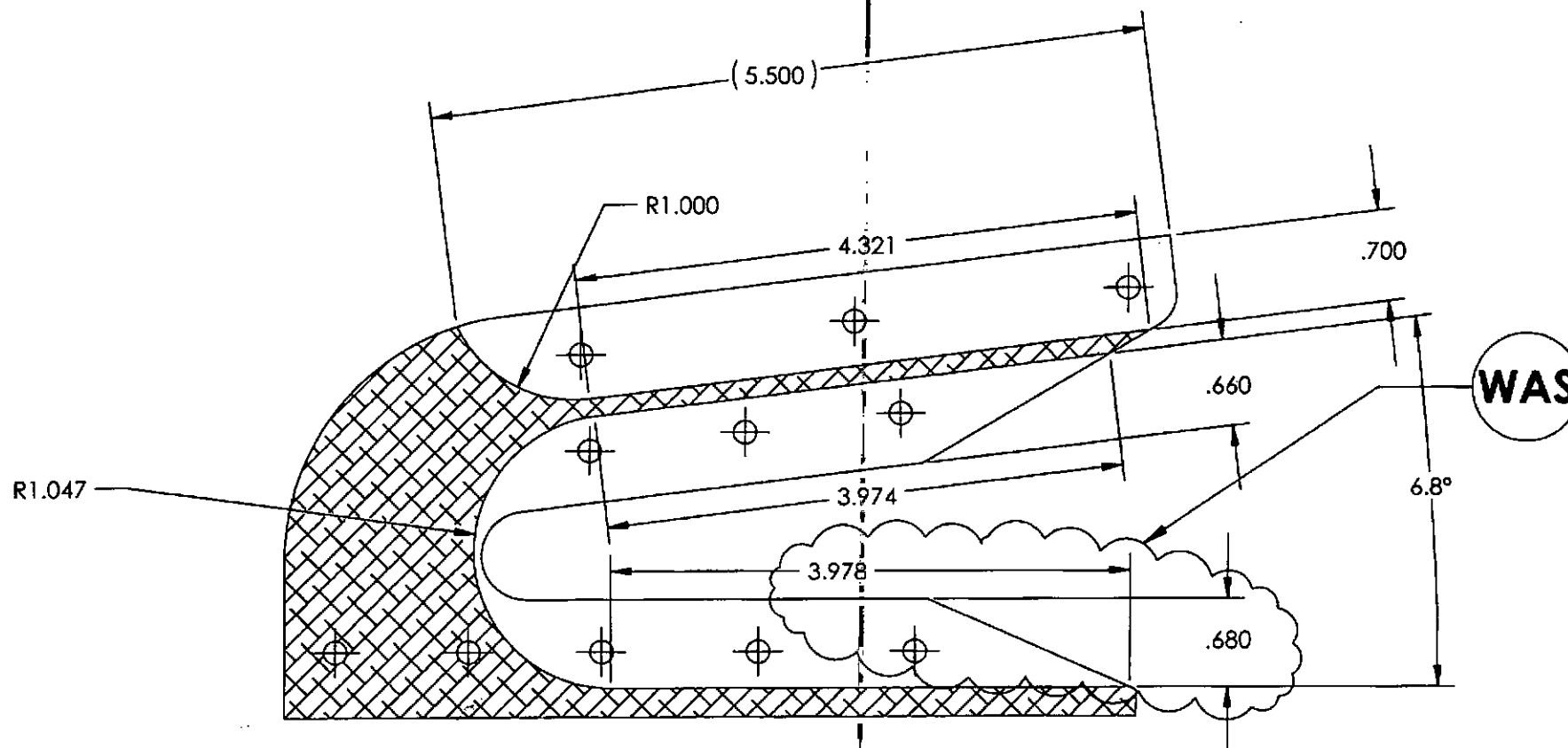
NEXT ORDER

TRANSACTION CODES (TC):

A-ADD
R-REVISE

C-CREATE
D-DELETE

REASON: REVISED CUTTER BODY DIMENSIONS, ADDED INSPECTION DIMENSIONS, AND INCORPORATED ECN 03029.



SECTION A-A
SCALE 1:1

SHEET 3, ZONE C5 WAS:

DOCUMENTS EFFECTED:

☐ MDL

☐ INSTALL INSTRUCTIONS

☐ ICA

☐ FMS

☐ BOM

CHANGE CATEGORY

☐ MAJOR

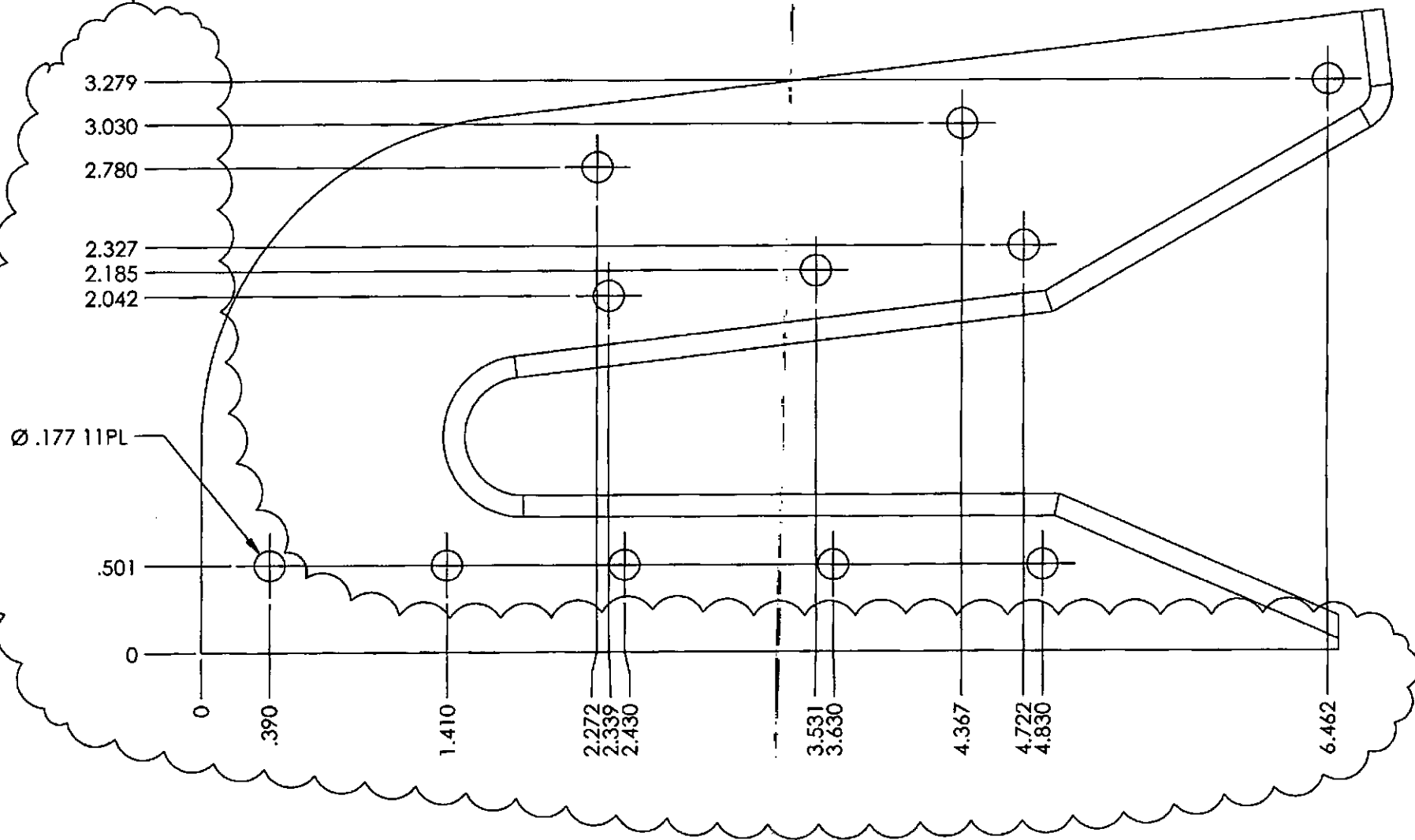
☒ MINOR

DER REVIEW REQUIRED

☐ YES

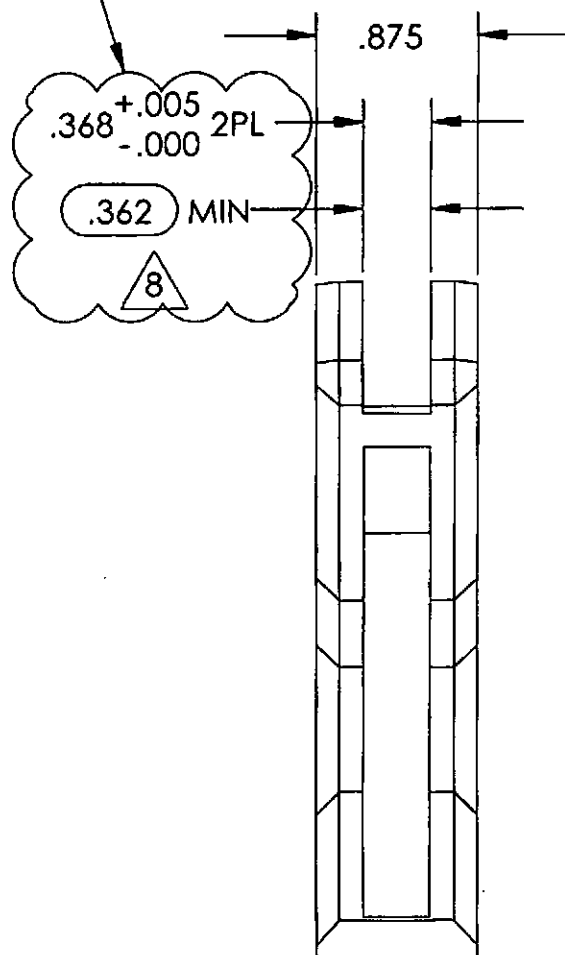
☒ NO

WAS



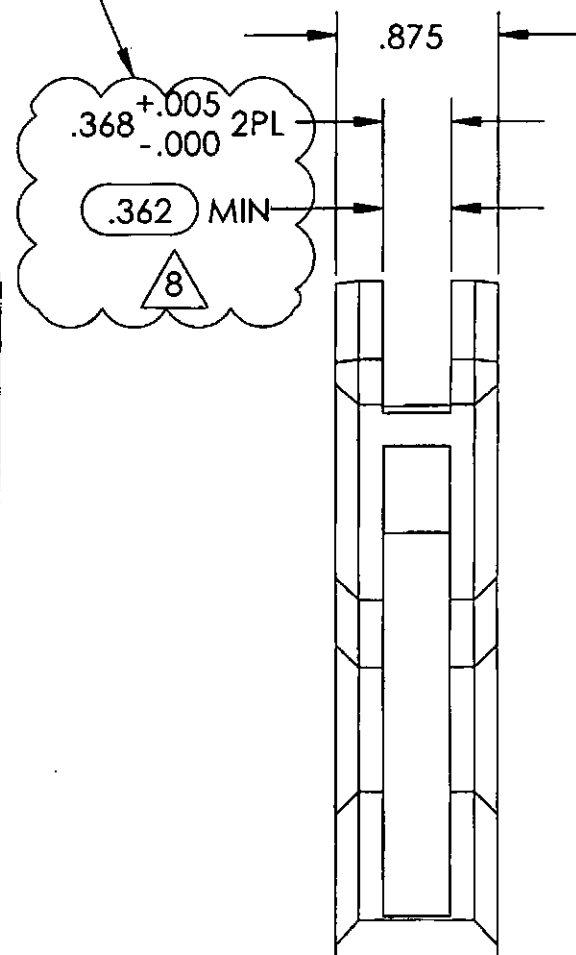
SHEET 4, WAS:

WAS

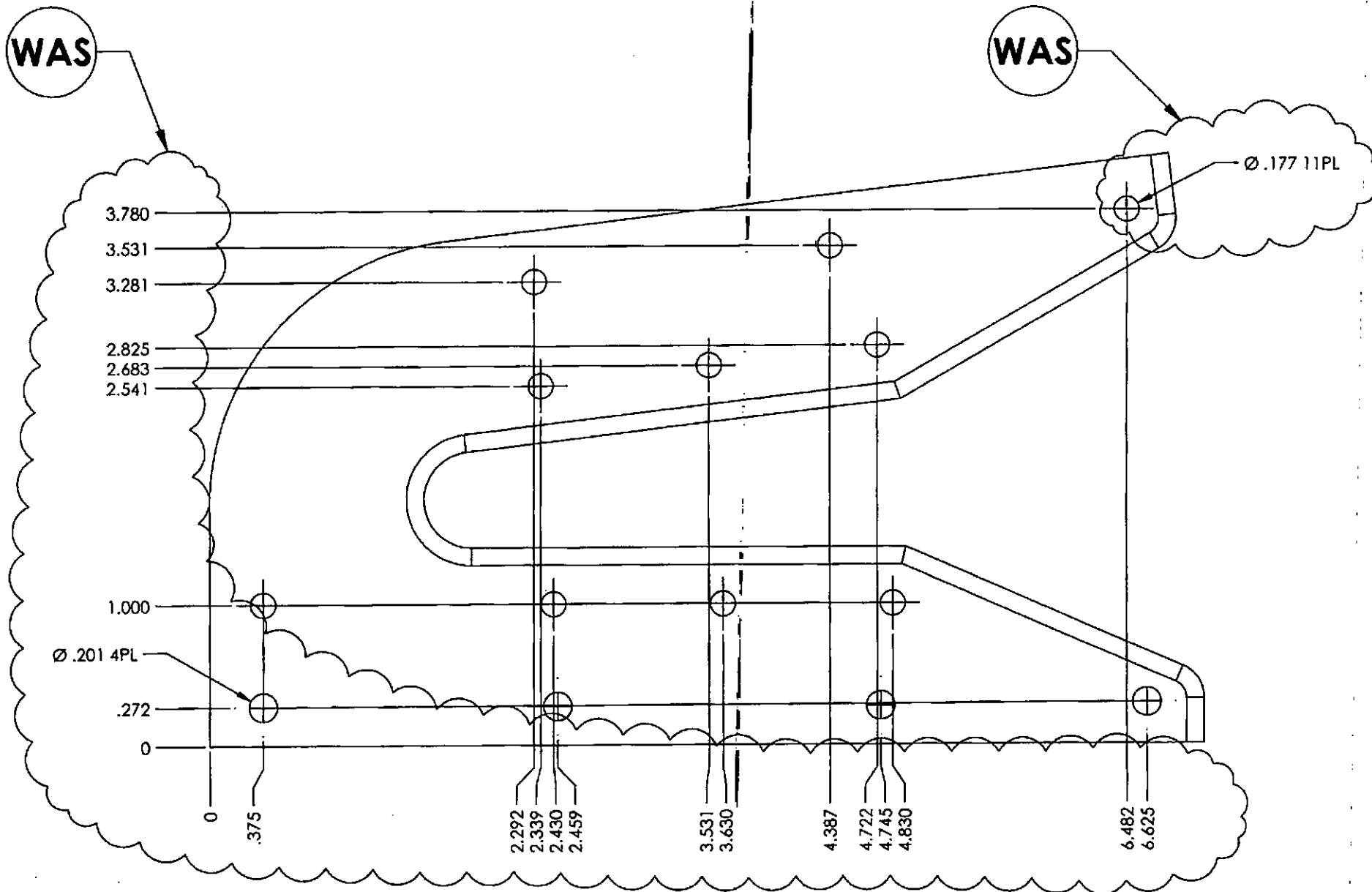


SHEET 2, ZONE B6 WAS:

WAS

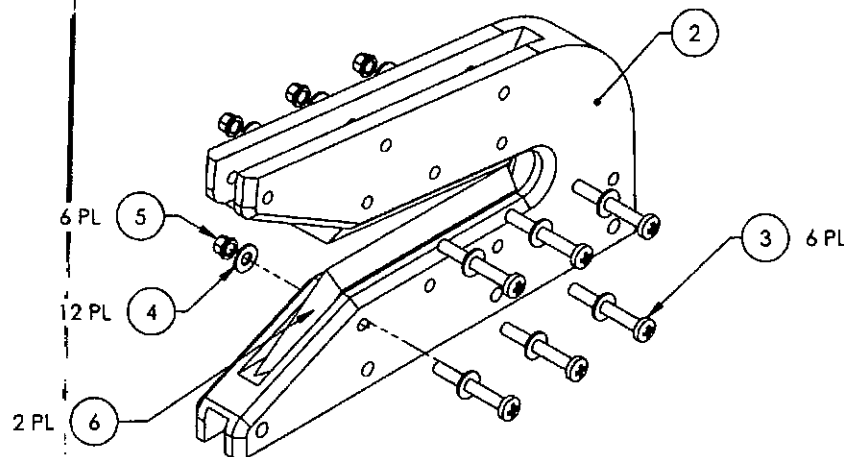
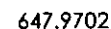


SHEET 5, ZONE B6 WAS:

**SHEET 7, WAS:**

NOTES:

- ① MATERIAL: ALUMINUM 7075-T651 PER AMS-QQ-A-250/12.
- ② FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2. COLOR BLACK;
PRETREAT PRC-DESOTO PR-148 ADHESION PROMOTER;
PRIME IAW MIL-P-23377J TYPE I CLASS N; 1-2 MIL MAX.
4. DEBURR AND BREAK ALL SHARP EDGES EXCEPT WHERE OTHERWISE NOTED.
5. IDENTIFY IAW MPP-120.
- ⑥ APPLY F/N 7 AS REQUIRED TO ALL FAYING SURFACES OF F/N 6 UPON ASSEMBLY.
- ⑦ CUTTING EDGE INTENDED TO BE SHARP. DO NOT BREAK SHARP EDGE.
- ⑧ DIMENSION SHOWN IS FOR INSPECTION AFTER FINISH.



A/R	A/R	7	601.2764	RTV	LOCITE 598	
A/R	2	6	646.9711	BLADE		
6	3	5	601.1541	LOCKNUT	MS21042LDB	
12	6	4	601.2764	WASHER	NAS1149FNB32P	
6	3	3	601.2765	SCREW	MS22039-0619	
1		2	647.9711	UPPER BODY	△	△
	1	1	647.9710	LOWER BODY	△	△
			647.9702	UPPER CUTTER ASSY		
			647.9701	LOWER CUTTER ASSY		
9702	9701	FIND #	PART #	DESCRIPTION	MATL	SPEC.
QTY				PARTS LIST		
NEXT ASSY (S)				APICAL INDUSTRIES 2808 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300 CUTTER SUB ASSYS		
647.9200						
ORIGINAL DATE MODIFIED BY DRAWN BY P. CHEN CHECKED BY T. BRAND APPROVED BY J. BRADY CONTRACT NO.						
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 1. HOLE DIMENSIONS ±.015 2. HOLE DIMENSIONS ±.03 3. HOLE DIMENSIONS ±.010 ANGLES ±.5°						
				REV	CAGE CODE	DWG NO
				B	07/24/6	647.9700
				SCALE		NAME
				SHEET 1 OF 7		

APICAL INDUSTRIES

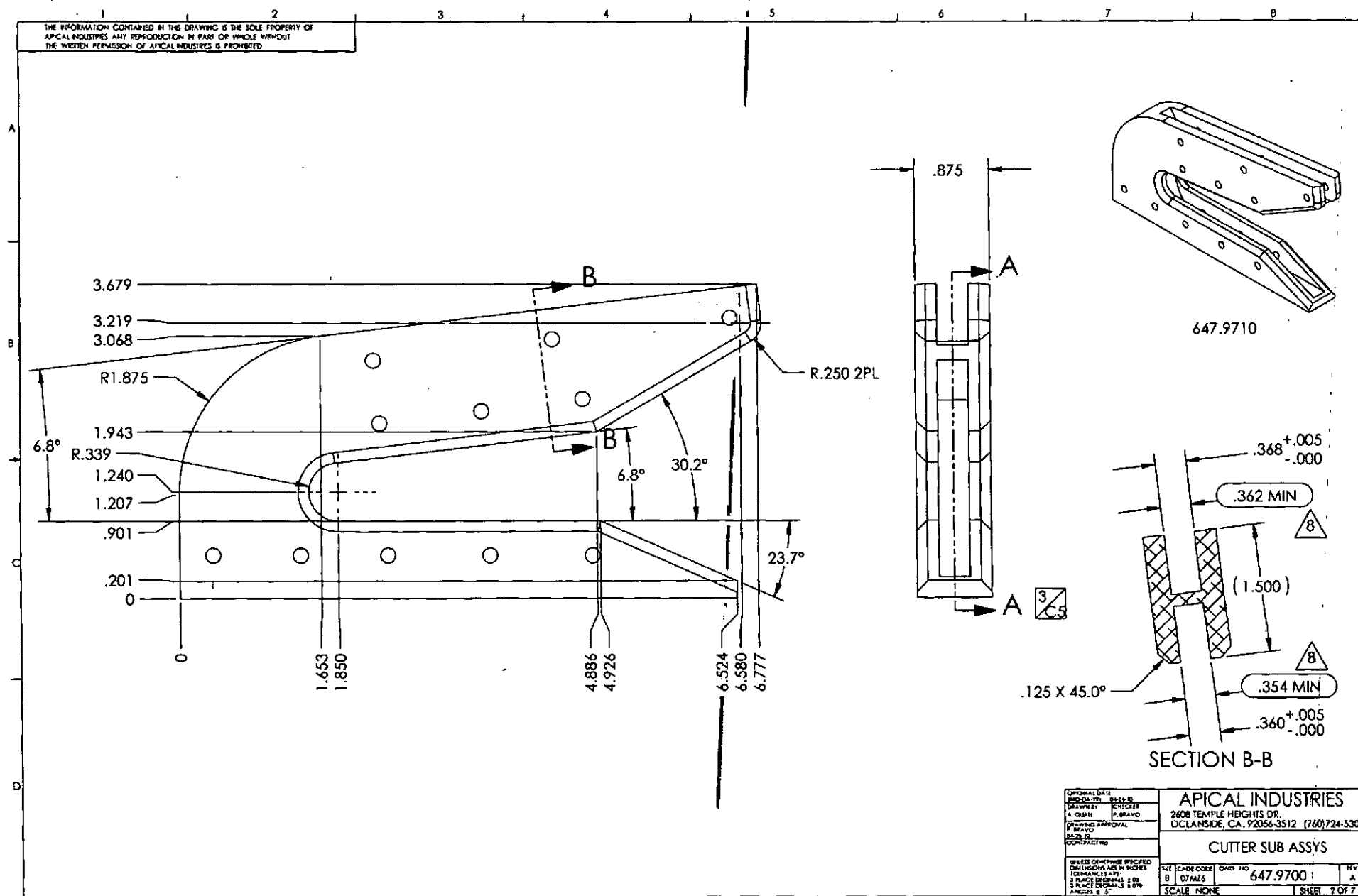
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760) 724-530

CUTTER SUB ASSYS

SIZE B	CAGE CODE P7MJA	DWG NO 647.970
-----------	--------------------	-------------------

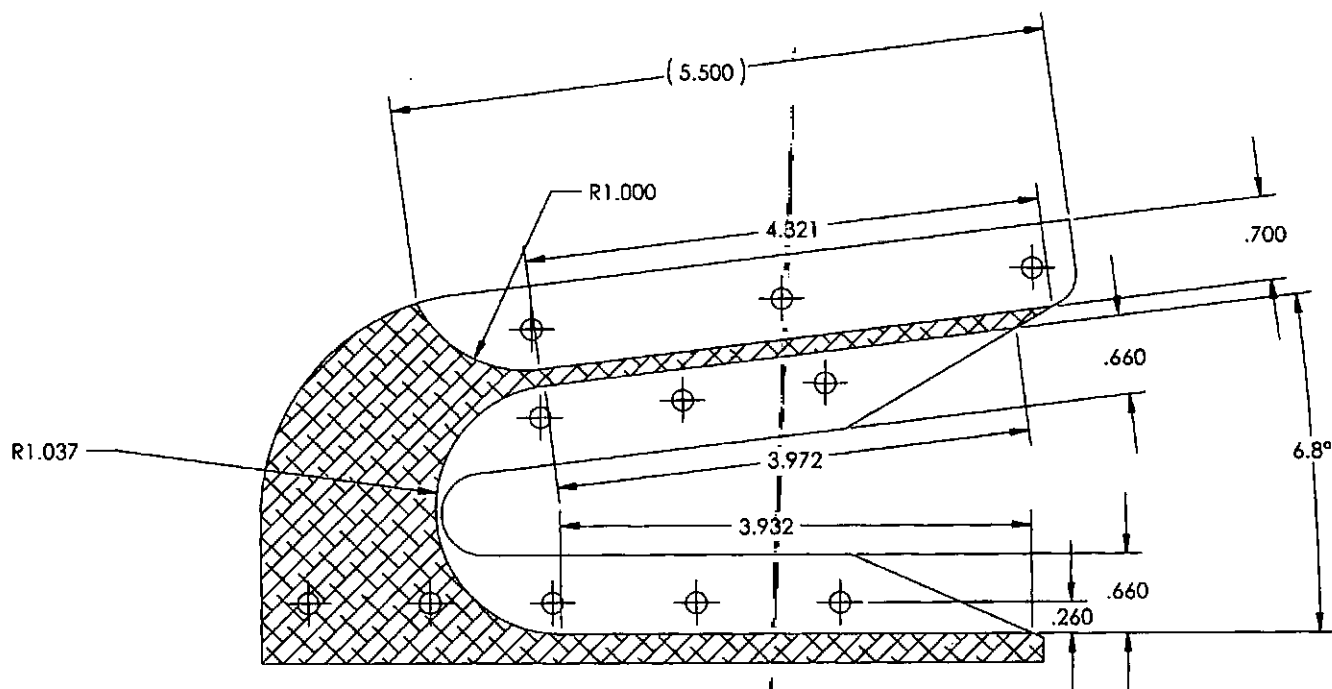
SHEET: 1 OF 7

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ORIGINAL DATE: 10/24/91		DESIGN: 647.9710	
DRAWN BY: A. QUINN	ENGINEER: P. BRAY	APICAL INDUSTRIES	
DESIGNED BY: P. BRAY		2608 TEMPLE HEIGHTS DR.	
CHECKED BY: P. BRAY		OCEANSIDE, CA. 92056-3512 (760)724-5300	
CONTRACTING: 00000000		CUTTER SUB ASSYS	
UNLESS OTHERWISE SPECIFIED, DIMENSIONS ARE IN INCHES.		DWG. NO. 647.9700	REV. A
TOLERANCES ARE:		SCALE: NONE	SHEET: 2 OF 7
1. PLACE DECIMALS 1 TO 3			
2. PLACE DECIMALS 1 TO 3			
3. PLACE DECIMALS 1 TO 3			
4. PLACE DECIMALS 1 TO 3			

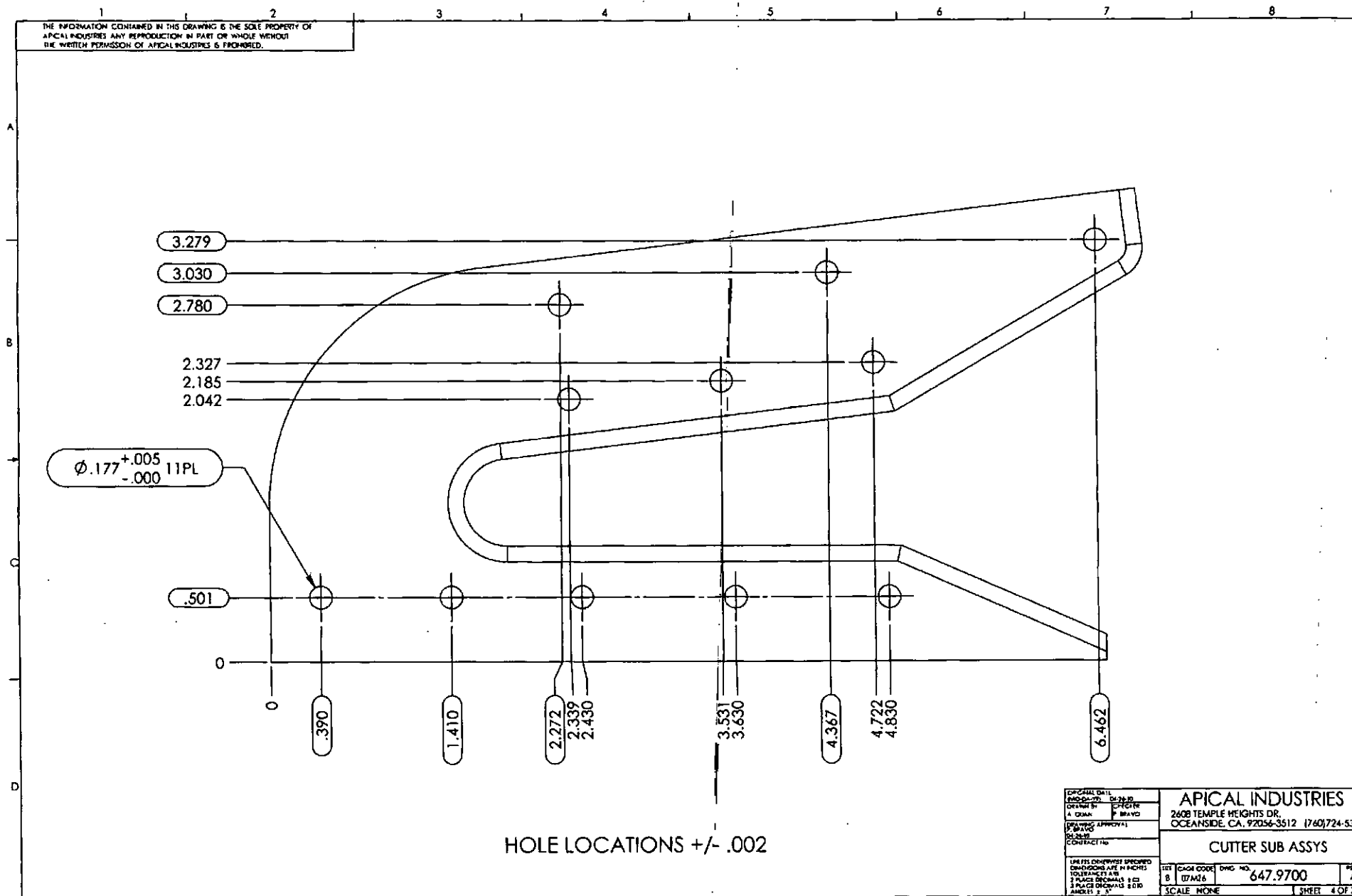
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SECTION A-A 2/86

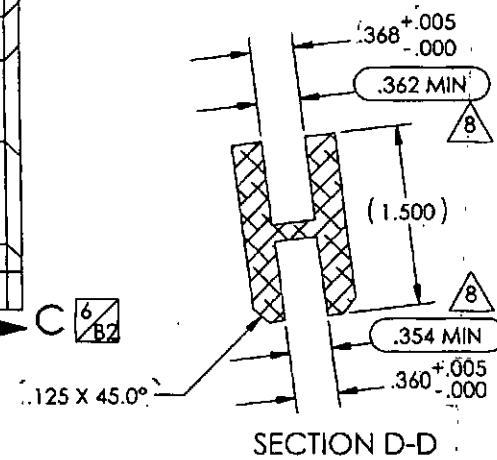
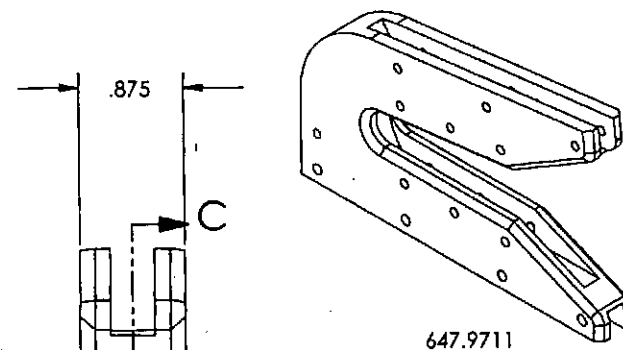
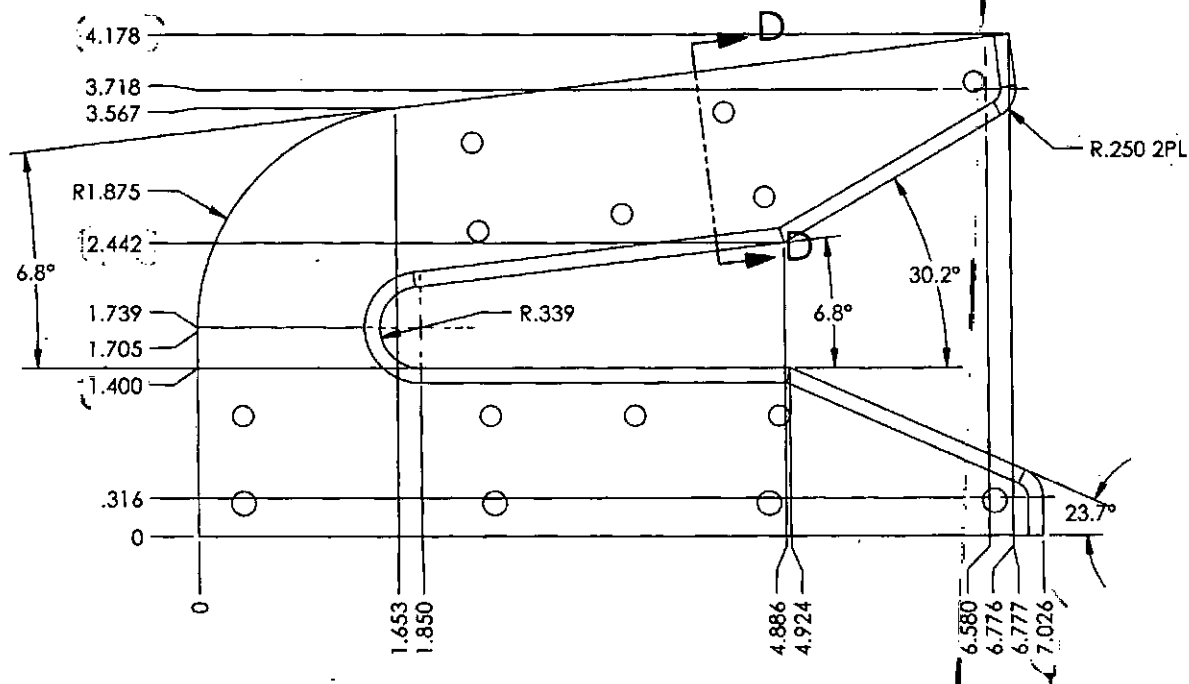
APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300			
CUTTER SUB ASSYS			
ORIGINAL DATE 10/20/93 DRAWN BY A. CHAM CHECKED BY P. BRADY DESIGNED BY CONTRACT NO.	DATE 07/22/94 SCALE NONE	QTY 647.9700 DOW. NO.	REV A
SHEET 3 OF 7			

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.



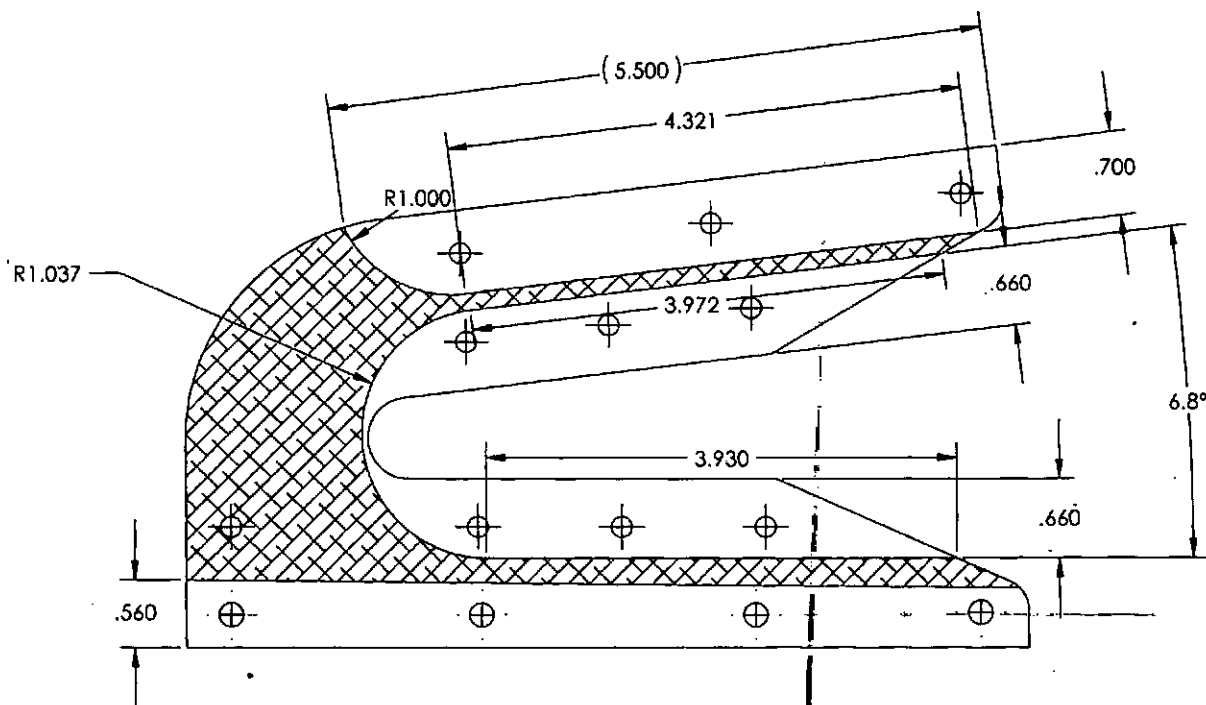
APICAL INDUSTRIES	
2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
CUTTER SUB ASSYS	
DRAFTER: BAIL CHECKED: J.D. DESIGNED BY: J. PETER A. DUNN P. BRADY DRAWING APPROVAL: P. BRADY DATE: CONTRACT NO.	SHEET: 4 OF 7 SCALE: NONE DWG. NO.: 647.9700 REV. A

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ORIGINAL DATE 2/20/80		APICAL INDUSTRIES	
DRAWN BY A. QUINN		2608 TEMPLE HEIGHTS DR.	
CHECKED BY P. BRADY		OCEANSIDE, CA. 92056-3512 (760)724-5300	
DESIGNED BY P. BRADY		CUTTER SUB ASSYS	
CONTRACT NO.		647.9700	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES FRACTIONS ARE: 2 PLACE DECIMALS & 0.00 3 PLACE DECIMALS & 0.000 ANGLES & °		121 CAGE CODE B 07M26	REV A
SCALE: NONE		SHEET 5 OF 7	

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF
APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT
THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

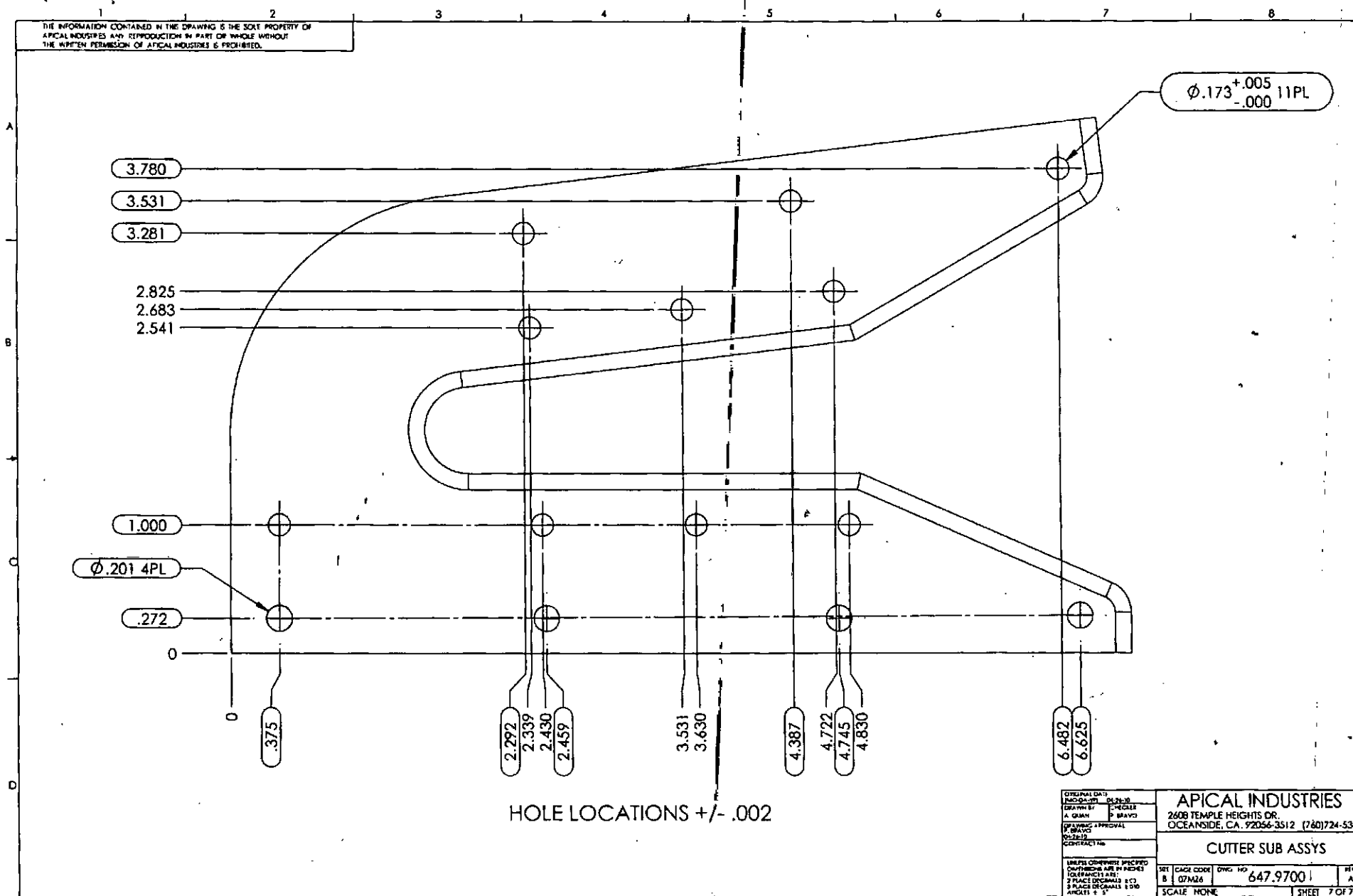


SECTION C-C

5/86

ORIGINAL DATE REV. DATE TO		APICAL INDUSTRIES	
DRAWN BY: J. CLARK		2608 TEMPLE HEIGHTS DR.	
CHECKED BY: P. BRAYO		OCEANSIDE, CA. 92056-3512 (760)724-5300	
DRAWING APPROVAL		CUTTER SUB ASSYS	
DATE: 5/86			
CONTRACT NO.			
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES		REV. (LAST CODE)	REV. NO.
TOLERANCES ARE:		8 07M26	647.9700
3 PLACE DECIMALS ±.003		SCALE: NONE	1 SHEET 6 OF 7
ANGLES ± .5°			

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ORIGINAL DATE: 1/20/01		DATE: 1/20/01	
DRAWN BY: A. GIAN		CHECKED BY: P. BRAY	
DRAWING APPROVAL: A. GIAN		CONTRACT NO.	
LIMITS OVERWRITE SPECIFIED		SET: 8	
DIMENSIONS ARE IN INCHES		CAGE CODE: 647.97001	
TOLERANCES ARE:		DWG NO: 647.97001	
3 PLACES DECIMALS & 0.00		REV: A	
ANGLES: 5°		SCALE: NONE	
		SHEET: 2 OF 2	

APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA 92056-3512 (760)724-5300

CUTTER SUB ASSYS

DART AEROSPACE LTD	Work Order: 100355
Description: UPPER BODY	Part Number: 647.9711
Inspection Dwg: 647.97100 Rev: A	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
4.178	+/- .010	4.180	✓		H-6	31006
2.442	+/- .010	2.444	✓		"	"
1.400	+/- .010	1.403	✓		"	"
7.026	+/- .010	7.027	✓		"	"
R0.250	+/- .010	R0.250	✓		R-6	ref.
0.125 x 45°	+/- .010	0.125 x 45°	✓		Vern	GA-01
0.360	+ .005 / - 0.000	0.362	✓		"	"
0.368	+ .005 / - 0.000	0.370	✓		"	"
0.560	+/- .010	0.560	✓		"	"
R1.037	+/- .010	R1.037	✓		R-6	ref.
R1.000	+/- .010	R1.000	✓		"	"
0.700	+/- .010	0.700	✓		Vern	GA-01
0.660	+/- .010	0.660	✓		H-6	31006
6.8°	+/- .5°	6.8°	✓		Angle Meter	CUC-03
0.660	+/- .010	0.659	✓		H-6	31006
φ0.173	+ .005 / - 0.000	φ0.178	✓		Vern	GA-01
3.780	+/- .010	3.781	✓		H-6	31006
3.281	+/- .010	3.281	✓		"	"
φ0.201	+ .005 / - .001	φ0.201	✓		Vern	GA-01
0.272	+/- .010	0.273	✓		H-6	31006
0.375	+/- .010	0.376	✓		"	"
2.292	+/- .010	2.292	✓		"	"
6.482	+/- .010	6.481	✓		"	"

Measured by: DA DAS	Audited by: SL	Preliminary Approval:
Date: 13/06/12 08:00	Date: 13-6-19	Date:

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62560

Date: 13-Aug-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To


DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description		
1 lot	Part: ASST ✓ 12 PCS 646.3010 14 PCS 646.3012 ✓ 15 PCS 646.3310 51 PCS 646.9740 95 PCS 647.9711	Rev:	
HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2			
PRIME MIL-P-23377J TYPE I CLASS N Job: 20130500 PO: 20560 Line:			
Certificate of Conformance			
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.			
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY			
DATE: 13/8/13			
CERTIFIED SIGNATURE: 			
RECEIVER SIGNATURE: _____			

Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO20560**

Purchase Order Date 7/12/2013

PO Print Date 8/14/2013

Page Number 3 of 3

VC-ATG001

Ship To: DART AEROSPACE LTD
1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

INDUSTRIES INC.
INDUSTRIELLE ROAD
LAND, ON K4K 1T2
IDA

Contact Name
Vendor Phone 613-446-4544
Ship To Contact
Ship To Phone
Ship Via: FedEx PI collect
Ship Acct:

Buyer Chantal Lavoie
Customer POID
Customer Tax # 10127-2607
Terms Net 30
Currency CAD
FOB Destination-Collect

7	98918 ✓	646.9710 BODY	7/31/2013 Yes 7/31/2013	✓ 51.00	\$14.50	\$739.00
SAME AS ABOVE						

Line Total: \$739.00

8	100355 ✓	647.9711 UPPER BODY	7/31/2013 Yes 7/31/2013	✓ 95.00	\$14.50	\$1,377.00
SAME AS ABOVE						

Line Total: \$1,377.00

PO Total: \$3,376.00

SP13-8-14

CL

Note: Pricing listed above is as per contract agreement between Dart Aerospace and the respective manufacturer.
No substitution or deviation without consent.
Certificate of Conformity or Material Certification required - ☒ YES ☐ NO
PST# 6122-5207

Change Nbr: 4

Change Date: 8/14/2013

